U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Respondence of

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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|--|--|
| 1. File Number U - \\80.33 | 2. Fiscal Year Covered From: |
| (m) B4 : 3963/8 | C% 1 / 2004 Through: 12 / 31 / 2004 |
| 3⊵Name and address of person filling. | 4. Name, file number and address of Jabor organization. |
| Name John C Ramirez | Name Painters AFL-CIO DC36 |
| | Labor Organization File Number 030-396 |
| P.O. Box, Bldg., Room No., if any Suite 120 | P.O. Box, Building and Room Number, if any Suite 120 |
| "Streets 297"N: Marengo Ave | Street 297::No. Marengo Ayea St. O. dett. ago. |
| City Pasadena | City Pasadena |
| State California ZIP Code + 4 91101 | State California ZIP Code + 4 91101 |
| 5. Position in labor organization. Business Representative | |
| 1.128 | A DAMENTAL TO REL |
| Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or | usions set forth in the instructions): |
| monetary value from an employer whose employees your organizati | ion represents or is actively seeking to represent. |
| 6. Name and address of Employer (including trade name, if any) | 7.a. Nature of Interest, Transaction, or Income. |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| | 7.b. Amount. |
| Street | |
| City | |
| State ZIP Code + 4 | |
| Sign | nature |
| 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se | ving documents), has been examined by the signatory and is, to the best of the |
| Signed My Lamure | On 08/11/2005 626-584-9925 |
| Signed WY LAND WINDOW | Date Telephone Number |
| Form LM-30 (2003) | Page 1 of 2 |

| Name of Person Filmg John Ramirez | File Number U- | | |
|--|---|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | |
| 8. Name and address of Business (including trade name, if any). Name So. Ca Floorcovering JATC Trade Name, if any: Joint Apprenticeship&Training Cmtte P.O. Box, Bldg., Room No., if any Street 1490 Spring Ave City Santa Fe Springs State California ZIP Code + 4 90670 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | | |
| 40 If 0 h. or 0 a in abanked alive trust or ampleyor's name | 11.a. Nature of such dealing. | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | Labor & Management Administer the trust and set Apprenticship Standards & Training Policy. 11.b. Approximate dollar value of such dealing. | | |
| State ZIP Code + 4 | 12.a. Nature of interest held or income received. As a Trustee I attended Surfaces 2004 (A floor covering trade show) In Las Vegas NV Jan 27th thru Jan 31st 2004 12.b. Amount. \$1,076 | | |
| | 12.b. Aillouit. \$1,076 | | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State ZIP Code + 4 | | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | | |

John C. Ramirez
Reporting period ending December 31, 2004

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.